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**ANSWERS TO ADDITIONAL QUESTIONS – Senate Bills 237-239**  
**Bills Changing Immunization Reporting Date**

**Q: “Are we giving parents in this case a bigger window to not hit those immunizations?”**

A: The window for vaccine administration is not modified with this legislation. The window remains between the 11th birthday and the day before the 13th birthday. This legislation simply (but importantly) allows schools to evaluate and report on immunization status at a grade level when all students are age-eligible to receive the school-required vaccines in the months leading up to school evaluation and reporting. This is an important change in that it allows parents and primary care providers the time necessary to schedule annual wellness visits at a time when administration of school-required adolescent immunizations can be easily incorporated. Under the current reporting requirements, many incoming 6th graders are not yet old enough during their pre-6th grade wellness visit to receive the school-required adolescent immunizations.

**Q: Will the reporting change mean later vaccinations for students who are held back either from entering school or in an earlier grade?**

A: It is important to note that there are many partners that support and encourage timely vaccination of our youth. Among others, these include:

- Health Plans
- Primary Care Providers
- Parents
- Schools

The proposed change in school evaluation and reporting of immunization status from 6th grade to 7th grade in no way interferes with the ability of health plans to communicate immunization requirements and recommendations in a timely fashion with their subscribers (i.e. parents) and their participating health care providers.

In addition, this legislation does not interfere with the primary care provider's ability to, during each office visit, (a) evaluate their patient's immunization status, (b) recommend administration of all age-appropriate vaccines, and (c) provide consultation regarding future immunization needs.

In addition to the important points made in response to questions from the House Health Policy Committee (including Representative Segal's above), it could be argued that changing the school reporting from 6th grade to 7th grade creates an ideal safety net (i.e. a third-tier reminder system of support and encouragement) for those who have been unable/unwilling to respond to earlier immunization reminders from their health plans and primary care providers. If health plans, primary health care providers, and schools are reaching out to parents only during the first year of the two-year administration window, who (what system) will catch those who fail to respond early on? Changing the school evaluation and reporting of student immunization status from 6th grade to 7th grade provides a practical answer to that question – an answer that in all likelihood will result in improved adolescent immunization compliance rates and better overall public health.

If you have any questions, I may be reached via MASN's Governmental Affairs Consultant, Jean Doss at (517) 202-2302.